

Attachment 14

Request for Inclusion on Mailing List

The California Department of Health Services (CDHS) will continue to provide automatic updates about RFP 06-55000 **only** to prospective Proposers who complete and return this Request for Inclusion on Mailing List form. CDHS is in the process of building a mailing list for this project and asks prospective bidders to complete this attachment with the appropriate information in order to become part of the permanent, active mailing list for this project. In order to continue to receive updated information relevant to this RFP, please return this form as soon as possible via mail, FAX or e-mail using the information referenced below.

It is incumbent upon any Proposer who does not submit the Request for Inclusion on Mailing List form, but intends to bid on this contract, to monitor the website at <http://www.dhs.ca.gov/omcp> for any updates and/or future document releases pertaining to this RFP.

Submit this Request for Inclusion on Mailing List form through one of the following methods:

U.S. Mail, Hand Delivery or Overnight Express/Courier Service	Fax or E-mail:
Mailing List for RFP 06-55000 CA Department of Health Services Office of Medi-Cal Procurement Attn: Karissa Kanenaga/Ramonda Ramos 1501 Capitol Avenue, 3rd Floor PO Box 997413, MS 4200 Sacramento CA 95899-7413	Mailing List for RFP 06-55000 Karissa Kanenaga/Ramonda Ramos CA Department of Health Services Office of Medi-Cal Procurement omcprfp0@dhs.ca.gov Fax: (916) 440-7369

Name of Proposer:

Mailing Address (*Street address, P.O. Box, City, State, Zip Code*):

E-Mail:

Contact Name:

Title:

Telephone number:

()

Fax number:

()

Attachment 15**Conflict of Interest Compliance Certificate**

- A. CDHS intends to avoid conflicts of interest or the appearance of conflicts of interest on the part of the Contractor, subcontractors, or employees, officers and directors of the Contractor or subcontractors. Thus, CDHS reserves the right to determine, at its sole discretion, whether any information received from any source indicates the existence of a conflict of interest.
- B. Either of the following instances would be considered a “conflict of interest”, including, but not limited to:
 - 1. An instance where the proposer/Contractor or any of its subcontractors, or any employee, officer, or director of the proposer/Contractor or any subcontractor:
 - a. Has an interest, financial or otherwise, in a Medi-Cal provider; or
 - b. Is currently a party to a contract with a Medi-Cal provider; or
 - c. Is currently either providing to or receiving from a Medi-Cal provider, information of the type that would be exchanged with Medi-Cal providers under the contract; or
 - d. Is currently either providing to or receiving from a Medi-Cal provider, information of the type that would be prohibited from exchange with Medi-Cal providers under the contract.
 - 2. An instance where the proposer/Contractor or any of its subcontractors, or any employee, officer, or director of the proposer/Contractor or any subcontractors holds a position of interest, financial or otherwise, which would allow use or disclosure of information obtained while performing services for private or personal benefit or for any purpose that is contrary to the goals and objectives of the contract.
 - 3. An instance where a Medi-Cal provider employs the proposer/Contractor or any of its subcontractors, or any employee, officer, or director of the proposer/Contractor or any subcontractor.
 - 4. Where pursuant to the Political Reform Act (Government Code Section 87100-87500), a CDHS official has an economic interest in the Contractor and the official makes, participates in the making of, or uses his or her official position to influence the making of a decision involving Contractor, where it is reasonably foreseeable that the decision could materially affect the official's economic interest.
 - 5. Where pursuant to Government Code Section 1090 et seq., a CDHS official participates in the making of a contract with Contractor and the official is financially interested in the contract.
- C. CDHS' determination of a suspected or potential conflict of interest will be based on all of the proposer's business affiliations and contractual relationships.
- D. If CDHS is aware of a known or suspected conflict of interest, the proposer or Contractor will be given an opportunity to submit additional information or to resolve the conflict. A proposer or Contractor with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDHS to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDHS and cannot be resolved to the satisfaction of CDHS, before or after the award of the contract, the conflict will be grounds for the proposal to be deemed nonresponsive and/or termination of the contract.

Attachment 15

- E. The proposer shall place this Certificate in the Appendix Section of its technical proposal response to this RFP. This Certificate shall bear the original signature of an official or employee of the proposer who is authorized to bind the proposer.
- F. This Certificate will be incorporated into the contract, if any, awarded from this RFP. It is understood that this requirement shall be in effect for the entire term of the contract. The Contractor shall obtain a completed Certificate from any proposed subcontractor and submit it to CDHS prior to approval of the subcontractor by DHS.
- G. The Contractor and each subcontractor shall notify CDHS, Payment Systems Division, at MS 4700, 1501 Capitol Avenue, P.O. Box 997413, Sacramento, CA 95899-7413 within ten (10) working days of any change to the information provided on this Certificate.
- H. If the proposer has a suspected or potential conflict of interest, the proposer shall attach to this form a description of the relationship, a plan for ensuring that such a relationship will not adversely affect CDHS, and procedures to guard against the existence of an actual Conflict of Interest.

The undersigned hereby affirms that: (check one)

- ☐ The statements above have been read and that no conflict of interest.
- ☐ A suspected or potential conflict of interest does exist, and additional information (as described in Paragraph H above) is attached along with a plan to address the possible conflict of interest.

Signed: _____ **Title:** _____ **Date:** _____

Type or Print Name of Authorized Representative: _____

Takeover

Bid Price

\$

To Attachment 16-9, Line A

Attachment 16-2
Operations Bid Price Form - ENROLLMENT/DISENROLLMENT TRANSACTIONS

Health Care Options Program
06-55000

Minimum Base Volume Price
\$

Phase	Volume Range/Level	Minimum	Maximum	Base Volume Price (BVP)	Range Price Per Unit	Transaction Range In Level	Evaluated Price Per Phase	Maximum Points Available
1	Maximum Range	1,200,751	1,561,000			360,250		3
	Base Volume	824,251	1,200,750					14
	Minimum Range	650,001	733,500		< >	174,250		3
2	Maximum Range	1,649,001	2,140,000			455,000		3
	Base Volume	1,132,001	1,649,000					14
	Minimum Range	900,001	1,132,000		< >	232,000		3
3	Maximum Range	1,698,001	2,210,000			479,000		3
	Base Volume	1,166,001	1,698,000					14
	Minimum Range	930,001	1,166,000		< >	236,000		3
4	Maximum Range	1,749,001	2,270,000			509,000		3
	Base Volume	1,201,001	1,749,000					14
	Minimum Range	960,001	1,201,000		< >	241,000		3
EXT 1	Maximum Range	1,801,001	2,340,000			525,000		3
	Base Volume	1,237,001	1,801,000					14
	Minimum Range	980,001	1,237,000		< >	257,000		3
EXT 2	Maximum Range	1,864,001	2,420,000			557,000		3
	Base Volume	1,274,001	1,864,000					14
	Minimum Range	1,010,001	1,274,000		< >	264,000		3
EXT 3	Maximum Range	1,920,001	2,500,000			584,000		3
	Base Volume	1,312,001	1,920,000					14
	Minimum Range	1,040,001	1,312,000		< >	272,000		3
To Attachment 16-8						Maximum Total Points Available		140

Attachment 16-3
Operations Bid Price Form - HCO INFORMING PACKET MAILINGS

Health Care Options Program
06-55000

Minimum Base Volume Price
\$

Phase	Volume Range/Level	Minimum	Maximum	Base Volume Price (BVP)	Range Price Per Unit	HCO Informating Packet Mailings	Evaluated Price Per Phase	Maximum Points Available
1	Maximum Range	1,110,001	1,440,000			330,000		5
	Base Volume	890,001	1,110,000					20
	Minimum Range	710,001	890,000		< >	180,000		5
2	Maximum Range	1,524,001	1,980,000			456,000		5
	Base Volume	1,222,001	1,524,000					20
	Minimum Range	980,001	1,222,000		< >	242,000		5
3	Maximum Range	1,570,001	2,040,000			456,000		5
	Base Volume	1,259,001	1,570,000					20
	Minimum Range	1,010,001	1,259,000		< >	242,000		5
4	Maximum Range	1,617,001	2,100,000			470,000		5
	Base Volume	1,297,001	1,617,000					20
	Minimum Range	1,040,001	1,297,000		< >	249,000		5
EXT 1	Maximum Range	1,666,001	2,170,000			483,000		5
	Base Volume	1,336,001	1,666,000					20
	Minimum Range	1,070,001	1,336,000		< >	257,000		5
EXT 2	Maximum Range	1,716,001	2,230,000			504,000		5
	Base Volume	1,376,001	1,716,000					20
	Minimum Range	1,100,001	1,376,000		< >	266,000		5
EXT 3	Maximum Range	1,767,001	2,300,000			514,000		5
	Base Volume	1,417,001	1,767,000					20
	Minimum Range	1,130,001	1,417,000		< >	276,000		5
To Attachment 16-8						Maximum Total Points Available	210	

Attachment 16-4
Operations Bid Price Form - TELEPHONE CALL CENTER

Health Care Options Program
06-55000

Minimum Base Volume Price
\$

Phase	Volume Range/Level	Minimum	Maximum	Base Volume Price (BVP)	Range Price Per Unit	Transaction Range in Level	Evaluated Price Per Phase	Maximum Points Available
1	Maximum Range	1,200,751	1,561,000			360,250		2.5
	Base Volume	824,251	1,200,750					12
	Minimum Range	650,001	733,500		< >	174,250		2.5
2	Maximum Range	1,649,001	2,140,000			455,000		2.5
	Base Volume	1,132,001	1,649,000					12
	Minimum Range	900,001	1,132,000		< >	232,000		2.5
3	Maximum Range	1,698,001	2,210,000			479,000		2.5
	Base Volume	1,166,001	1,698,000					12
	Minimum Range	930,001	1,166,000		< >	236,000		2.5
4	Maximum Range	1,749,001	2,270,000			509,000		2.5
	Base Volume	1,201,001	1,749,000					12
	Minimum Range	960,001	1,201,000		< >	241,000		2.5
EXT 1	Maximum Range	1,801,001	2,340,000			525,000		2.5
	Base Volume	1,237,001	1,801,000					12
	Minimum Range	980,001	1,237,000		< >	257,000		2.5
EXT 2	Maximum Range	1,864,001	2,420,000			557,000		2.5
	Base Volume	1,274,001	1,864,000					12
	Minimum Range	1,010,001	1,274,000		< >	264,000		2.5
EXT 3	Maximum Range	1,920,001	2,500,000			584,000		2.5
	Base Volume	1,312,001	1,920,000					12
	Minimum Range	1,040,001	1,312,000		< >	272,000		2.5
To Attachment 16-8						Maximum Total Points Available	119	

Phase	Annual Rate (To Attachment 16-8)	Maximum Points Available
1	\$	0.5
2	\$	0.5
3	\$	0.5
4	\$	0.5
EXT 1	\$	0.5
EXT 2	\$	0.5
EXT 3	\$	0.5
Maximum Total Points Available		3.5

Phase	Hourly Rate (Evaluation Price)		Number of Positions		Hours		Evaluated Price Per Phase	Maximum Points Available
1		X	130	X	1350	=		34
2		X	130	X	1800	=		34
3		X	130	X	1800	=		34
4		X	130	X	1800	=		34
EXT 1		X	130	X	1800	=		34
EXT 2		X	130	X	1800	=		34
EXT 3		X	130	X	1800	=		34
						Maximum Total Points Available		238

BID PRICE

\$

To Attachment 16-9

Maximum Points Available

4.1667

Phase	BASE VOLUME PRICE				Total Per Phase
	Enrollment/ Disenrollment Transactions	HCO Informing Packet Mailings	Telephone Call Center	Medi-Cal Publication Management Services	
1	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$
Sub- Total	\$	\$		\$	\$
	To Attachment 16-9	To Attachment 16-9	To Attachment 16-9	To Attachment 16-9	
EXT 1	\$	\$	\$	\$	\$
EXT 2	\$	\$	\$	\$	\$
EXT 3	\$	\$	\$	\$	\$
Grand Total	\$	\$	\$	\$	\$

Takeover	\$
(Attachment 16-1)	

Consolidated Operations	\$
(Attachment 16-8)	

Hourly Reimbursement - ESRs	\$
(Attachment 16-6)	

Turnover	\$
(Attachment 16-7)	

SUB TOTAL	\$
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Additional Contract Services (Mandatory):

Review of HCO Informing Materials	\$
Pro-Active Health Care Choices	
Expedited Health Plan Enrollment	
Medi-Cal Managed Care Health Plan Provider Directories	
Initial Health Screen Questionnaire	
Extended Hours of Telephone Call Center Operations	
Voluntary Beneficiary Telephone Call	

Additional Contract Services (Contractor-Proposed):

	\$

TOTAL	\$
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A. Design, Development and Implementation Price		\$
Operations		
(Complete Applicable Phase)		
Phase 1	\$	
Phase 2	\$	
Phase 3	\$	
Phase 4	\$	
Extension 1	\$	
Extension 2	\$	
Extension 3	\$	
B. Total Operations Price		\$
C. Total Price		\$

To Attachment 16-9

Maximum Points Available
2.0000

A. Design, Development and Implementation Price		\$
Operations		
(Complete Applicable Phase)		
Phase 1	\$	
Phase 2	\$	
Phase 3	\$	
Phase 4	\$	
Extension 1	\$	
Extension 2	\$	
Extension 3	\$	
B. Total Operations Price		\$
C. Total Price		\$

To Attachment 16-9

Maximum Points Available
2.0000

A. Design, Development and Implementation Price		\$
Operations		
(Complete Applicable Phase)		
Phase 1	\$	
Phase 2	\$	
Phase 3	\$	
Phase 4	\$	
Extension 1	\$	
Extension 2	\$	
Extension 3	\$	
B. Total Operations Price		\$
C. Total Price		\$

To Attachment 16-9

Maximum Points Available
2.0000

A. Design, Development and Implementation Price		\$
Operations		
(Complete Applicable Phase)		
Phase 1	\$	
Phase 2	\$	
Phase 3	\$	
Phase 4	\$	
Extension 1	\$	
Extension 2	\$	
Extension 3	\$	
B. Total Operations Price		\$
C. Total Price		\$

To Attachment 16-9

Maximum Points Available
2.0000

A. Design, Development and Implementation Price		\$
Operations		
(Complete Applicable Phase)		
Phase 1	\$	
Phase 2	\$	
Phase 3	\$	
Phase 4	\$	
Extension 1	\$	
Extension 2	\$	
Extension 3	\$	
B. Total Operations Price		\$
C. Total Price		\$

To Attachment 16-9

Maximum Points Available
2.0000

A. Design, Development and Implementation Price		\$
Operations		
(Complete Applicable Phase)		
Phase 1	\$	
Phase 2	\$	
Phase 3	\$	
Phase 4	\$	
Extension 1	\$	
Extension 2	\$	
Extension 3	\$	
B. Total Operations Price		\$
C. Total Price		\$

To Attachment 16-9

Maximum Points Available
2.0000

A. Design, Development and Implementation Price		\$
Operations		
(Complete Applicable Phase)		
Phase 1	\$	
Phase 2	\$	
Phase 3	\$	
Phase 4	\$	
Extension 1	\$	
Extension 2	\$	
Extension 3	\$	
B. Total Operations Price		\$
C. Total Price		\$

To Attachment 16-9

Maximum Points Available

2.0000

ACS NAME: _____

A. Design, Development and Implementation Price		\$
Operations		
(Complete Applicable Phase)		
Phase 1	\$	
Phase 2	\$	
Phase 3	\$	
Phase 4	\$	
Extension 1	\$	
Extension 2	\$	
Extension 3	\$	
B. Total Operations Price		\$
C. Total Price		\$

To Attachment 16-9

Maximum Points Available
2.0000

Name of Contractor	Page Number		Number of Pages	
Name & Position Title of Cost Analyst			Services to be Furnished	
Total Amount of Proposal		Project Number:		
DETAILED DESCRIPTION OF COST ELEMENTS				
1. Equipment	Cost		Reference	
a. Purchased				
b. Rented				
Total Equipment				
2. Direct Salary Costs by Functional Classification	Hours	Rate/Hour	Cost	Reference
Total Direct Labor				
3. Purchased Services by Functional Classification	Hours	Rate/Hour	Cost	Reference
Total Purchased Labor				
4. Professional Fees	Hours	Rate/Hour	Cost	Reference
Total Professional Fees				
5. Travel (Itemize & Specify Purpose on Ref.)	Cost		Reference	
a. Transportation				
b. Per Diem/Subsistence				
Total Travel				
6. Communications Costs	Cost		Reference	
Total Communications Costs				

Change Order Pricing Proposal		Page Two
7. Supplies	Cost	References
Total Supplies		
8. Space by Location	Cost	References
Total Space		
9. Computer/Peripheral Operation	Cost	References
Total Operations		
10. Overhead by Cost Center	Cost	References
Total Overhead		
11. General & Administrative Expenses	Cost	References
Total Gen & Admin Expenses		
12. Other Costs Not Identified Above	Cost	References
13. Fee or Profit	Cost	References
Total Cost	Cost (sum of 1-13)	\$

***NOTE:** Attach separate pages as necessary and identify in the “Reference” column the attachment in which the information supporting the specific cost element may be found. The cost data must be accurate, complete, and current, and the judgment factors used projecting from the data to the cost item totals must be stated in sufficient detail to enable the Contracting Officer to evaluate the proposal. For example, provide the basis used for pricing materials such as by vendor quotations shop estimates, or invoice prices; the reason for use of overhead rates which varies significantly from experienced rates (reduced volume, a planned major rearrangement, etc); or justification for an increase in labor rates (anticipated wage and salary increases, etc.). Identify and explain any contingencies which are included in the proposed price, such as anticipated technical difficulties.*

The undersigned hereby certifies that the Escrow Bid Documents contained herein constitute all the documentary information used in preparation of the price proposal, and that I have personally examined the contents of the Escrow Bid Documents container and have found that the documents in the container are complete and organized as shown by the index.

BY: _____

TITLE: _____

FIRM: _____

DATE: _____

Attachment 19

**STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
SMALL BUSINESS PREFERENCE**

NOTICE TO ALL BIDDERS: Section 14835, et seq. of the California Government Code requires that a five percent preference be given to bidders who qualify as a small business. The rules and regulations of this law, including the definition of a small business for the delivery of service, are contained in Title 2, California Code of Regulations, Section 1896, et seq. A copy of the regulations is available upon request from the Department of General Services (DGS). To claim the small business preference, which may not exceed 5% for any rate proposal for this RFP, your firm must have its principal place of business located in California, have a completed application (including proof of annual receipts) on file with the appropriate office of the DGS (formerly referred to as Office of Small and Minority Business Certification and Resources [OSBCR]) by 5 p.m. on the date bids are opened (following conclusion of the technical proposal evaluation), and be verified by such office. In addition, the firm must meet all the requirements specified to be certified as a small business appropriate office of the DGS (formerly OSBCR). Questions regarding the preference approval process should be directed to the DGS at (916) 375-4940 or (800) 559-5529 (live operator).

Details about claiming this preference for RFP 06-55000 can be found in Section R of the RFP, entitled Preference Programs.

Are you claiming preference as a small business? ☐ Yes ☐ No

The Bidder, by checking the applicable line, represents that it operates as:

- ☐ Individual ☐ Joint Venture
- ☐ Partnership ☐ Unincorporated Association
- ☐ Corporation, incorporated under the laws of the State of California
- ☐ Non Profit Corporation, incorporated under the laws of the State of California
- ☐ Other (Please Identify) * _____

COMPANY NAME: _____

SIGNATURE: _____
(Printed Name of Signatory)

TITLE: _____ DATE: _____

*include a copy of official certification to justify the preference